PTO/SB/31 (09-06)

Approved for use through 03/31/2007. OMB 0651-0031

U.S. Patent and Trad emark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number NOTICE OF APPEAL FROM THE EXAMINER TO Docket Number (Optional) THE BOARD OF PATENT APPEALS AND INTERFERENCES **KAK-004** In re Application of Hiroaki Kitano et al. Application Number Filed April 25, 2002 10/018,571-Conf. #5012 METHOD AND DEVICE FOR NETWORK INFERENCE Art Unit Examiner 2129 O. F. Fernandez Rivas Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner. The fee for this Notice of Appeal is (37 CFR 41.20(b)(1)) 500.00 Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet. The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 18-0013 . I have enclosed a duplicate copy of this sheet. A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed. I am the applicant /inventor. Signature assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) Brian K. Dutton is enclosed. (Form PTO/SB/96) Typed or printed name attorney or agent of record. Registration number 47,255 (202) 955-3750 Telephone number attorney or agent acting under 37 CFR 1.34. December 22, 2006 Registration number if acting under 37 CFR 1.34. Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

12/27/2006 EAREGAY1 00000026 180013 10018571

\*Total of

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forms are submitted.

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PTO/SB/17 (07-06) Approved for use through 01/31/2007. OMB 0651-0032

Under the Paperwork Reduction Act of 1	995, no persón are required to		demark Office; U.S. DEPARTMENT OF COMMERCE mation unless it displays a valid OMB control number.		
		Complete if Known			
Effective on 12/08/2004.  Persuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).  FEE TRANSMITTAL  For FY 2006  Applicant claims small entity status. See 37 CFR 1.27  AL AMOUNT OF PAYMENT (\$) 500.00  CHOD OF PAYMENT (check all that apply)	Application Number	10/018,571-Conf. #5012			
FFF TRANSI	MITTAL	Filing Date	April 25, 2002		
		First Named Inventor	Hiroaki Kitano O. F. Fernandez Rivas		
		Examiner Name			
Applicant claims small entity statu	is. See 37 CFR 1.27	Art Unit	2129		
AL AMOUNT OF PAYMENT (\$) 500.00		Attorney Docket No.	KAK-004		
THOD OF PAYMENT (check a	all that apply)				
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Applicant claims small entity status. See 37 CFR 1.27		Art Unit		2129				
TOTAL AMOUNT OF PAYE	MENT	(\$) 500.00		Attorney Docket	No.	KAK-004		
METHOD OF PAYMENT	(check all t	hat apply)						
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X Deposit Account Depos	it Account Num	ber: 18-0013 D	eposit Acc	ount Name:	Rader	, Fishman & Gra	auer PLL	<u>c</u>
For the above-identi	fied deposit	account, the D	irector is	hereby authorize	ed to: (che	ck all that apply)		
x Charge fee(s)	indicated be	low		Charge	e fee(s) in	dicated below, ex	cept for t	he filing fee
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FEE CALCULATION								
1. BASIC FILING, SEARCH	, AND EXA	MINATION FEI	ES					
	FILIN	G FEES	SE	ARCH FEES	EXAMI	NATION FEES		
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees	Paid (\$)
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		
2. EXCESS CLAIM FEES							- 40	Small Entity
Fee Description Each claim over 20 (including	ng Reissues	)					Fee (\$) 50	Fee (\$) 25
Each independent claim over	-						200	100
Multiple dependent claims	•	,					360	180
Total Claims Extra C	Claims I	Fee (\$)	Fee I	Paid (\$)	Δ	lultiple Depende	nt Claims	
- 2	x _	=			E	<u>ee (\$)</u> <u>F</u>	ee Paid (	<u>\$)</u>
HP = highest number of total clair	ms paid for, if g	reater than 20.						
Indep. Claims Extra C		Fee (\$)	Fee	Paid (\$)				
HP = highest number of independ	tent claims paid	d for, if greater tha	n 3.			•		
3. APPLICATION SIZE FEE	· ·							
If the specification and dra listings under 37 CFR 1 sheets or fraction thereo	wings exceed52(e)), the	application siz	e fee di	ie is \$250 (\$125 f				0
	tra Sheets			dditional 50 or frac			Fee	Paid (\$)
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Non-English Specification	on. \$130 fe	e (no small en	tity disc	ount)			1 003	uiu (ψ)
Other (e.g., late filing su			-				5	00.00
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SUBMITTED BY					
Signature	/>	Registration No. (Attorney/Agent)	47,255	Telephone	(202) 955-3750
Name (Print/Type)	Brian K. Dutton			Date	December 22, 2006